# **Application Data Sheet**

# Application Information Application number:: Filing Date:: Regular Application Type:: Utility Subject Matter:: Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: FORMULATIONS FOR THE PREVENTION AND Title:: TREATMENT OF INSULIN RESISTANCE AND TYPE 2 DIABETES MELLITUS 017380-001111US Attorney Docket Number:: No Request for Early Publication:: No Request for Non-Publication:: Suggested Drawing Figure:: Total Drawing Sheets:: Yes Small Entity?:: Latin name:: Variety denomination name:: No Petition included?:: Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

No

Given Name:: Kenneth

Middle Name::

Family Name:: Richardson

Name Suffix::

City of Residence:: Anchorage

State or Province of Residence:: AK

Country of Residence:: US

Street of Mailing Address:: 6411 Switzerland Drive

City of Mailing Address:: Anchorage

State or Province of mailing address:: AK

Country of mailing address::

Postal or Zip Code of mailing address:: 99516

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Don

Middle Name:: C.

Family Name:: Pearson

Name Suffix::

City of Residence:: Lakewood

State or Province of Residence:: WA

Country of Residence:: US

Street of Mailing Address:: 6708 Bridgeport Way West

City of Mailing Address:: Lakewood

Page 2 Initial 7/28/03

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98499-8115

## **Correspondence Information**

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/033,730	11/02/01
10/033,730	Non-Provisional of	60/245,471	11/03/00
10/033,730	Non-Provisional of	60/245,950	11/03/00
10/033.730	Non-Provisional of	60/256,033	12/13/00

## Foreign Priority Information

Country:: Application number:: Filing Date::

## **Assignee Information**

Assignee Name:: ChronoRX LLC

Street of mailing address:: P.O. Box 11207

City of mailing address::

Anchorage

State or Province of mailing address:: AK

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 99511-2207